

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000079370

1. Entity Name

GULFCOAST SUPPLY OF ORLANDO, INC.

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90030 029 ***150.00

Principal Place of Business

Mailing Address

1201 - 112TH TERRACE NORTH
CLEARWATER FL 34622

4261 - 112TH TERRACE NORTH
CLEARWATER FL 33762-4929

00020022



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3338984

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARCIANO, STEVEN
4261 112TH TERR, N
SUITE 201
CLEARWATER FL 33762

Name Laura A Stewart
Street Address (P.O. Box Number is Not Acceptable)
4261 112TH TERR
Suite 201
City Clearwater FL Zip Code 33762

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE Laura A Stewart DATE 2/8/00
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT ☐ Delete
NAME SAWYER, MARLA
STREET ADDRESS 4261 - 112TH TERRACE NORTH
CITY-ST-ZIP CLEARWATER FL 34622

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VPS ☒ Delete
NAME MARCIANO, STEVEN
STREET ADDRESS 4261 - 112TH TERRACE NORTH
CITY-ST-ZIP CLEARWATER FL 34622

TITLE ☒ Change ☐ Addition
NAME VPS Laura A Stewart
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Laura A Stewart Date 2/8/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)